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In his penultimate paragraph he says: "There are many pitfalls in diagnosing gonorrhoea on weakly positive results." It seems redundant to suggest that no experienced clinician would diagnose any disease on the strength of a pathological report.

In conclusion, might I say that I have never claimed that this test is 100 per cent efficient; but in view of the constantly increasing number of clinicians who use it, I cannot but feel that it is establishing itself as a test of real value. On the other hand, if Dr. Harkness's letter contains all the evidence that he can adduce in support of his contentions, I am more than surprised that he has the temerity to voice his opinions with such assurance.

London, W.1

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## NEWS AND NOTES

### General Meeting of the Medical Society for the Study of Venereal Diseases

A General Meeting of the Society was held at 11 Chandos Street, London, on Saturday April 29th 1944 at 2.30 p.m., with the President, Brigadier T. E. Osmond, in the chair. The Assistant Hon. Secretary (Dr. Mascall) read the minutes of the meeting held on March 25th which were confirmed and signed. On a show of hands Dr. A. F. Granger was duly elected a member of the Society. Major D. I. Williams, R.A.M.C., read a paper entitled "Sulphonamide Therapy of Gonorrhoea in the Male" (see p. 97) by Major D. I. Williams, Lt.-col. A. J. King and Major C. S. Nicol, R.A.M.C.; thirteen members and guests took part in the discussion, to which Major Nicol replied. The President proposed a hearty vote of thanks to the authors of the paper which was accorded by applause and the meeting terminated at 4.30 p.m.

### Combined fever therapy and sulphadiazine in resistant gonorrhoea

In view of the increasing number of drug-resistant cases of gonorrhoea and of the good results previously obtained by the use of fever alone, Licht and Dick have used experimentally a combination of induced hyperpyrexia with sulphadiazine administration for 119 young male patients with recently acquired sulphonamide-resistant gonorrhoea. They all had had two or more five-day courses of at least 20 grammes. After some preliminary trials a routine of treatment was established. Each patient was given 10 grammes of sulphadiazine during the 18 hours before fever therapy was begun, with the aim of obtaining a concentration in the blood of between 11 and 12 milligrams per 100 cubic centimetres at the time of induction of fever. Simultaneously fluid intake, which included sweetened orange juice, was increased to 3,000 cubic centimetres per 24 hours. Fever was induced by the use of an air-conditioned cabinet and usually occurred after 90 minutes at 120° F. Although with fever therapy alone a temperature of 106.7° F. is necessary, sustained fever of 106° F. for eight hours was successful in the combined treatment. The authors consider the number of cases to be too small to allow of generalization, but they record cures produced by a single period of fever lasting for 10 hours of 17 out of 18 patients, and for 8 hours of 10 out of 10. Below 8 hours the percentage of cures dropped; in some patients fever therapy had to be stopped because of unfavourable symptoms.—*Archives of Physical Therapy*, April 1944.

### Ejaculation fluid in tests of cure in gonorrhoea

In view of the possibilities of more rapid cure of gonorrheal infections by means of penicillin, Dub emphasizes the necessity of adequate tests of cure and reviews the various means of obtaining specimens for culture tests—urine sediments and secretions from the urethral mucosa, the prostate and the seminal vesicles. The author considers that the ejaculation fluid is more likely than any other to contain gonococci from a persistent, deep-seated focus of infection, and recommends that the patient (after a warning against the repetition of the practice) should be induced to provide the necessary specimen by means of masturbation. A condom is worn and sterile swabs are inserted into the meatus. Both the ejaculation fluid and urine voided immediately after ejaculation are used for cultures. This method also makes it possible to study the influence of persistent gonorrhoea on the spermatozoa.—*Urologic and Cutaneous Review*, April 1944.

### Pre-employment blood tests: approval by labour representatives

The fact that the trade union movement in the United States of America is alive to the seriousness of the present high incidence of the venereal diseases is indicated by a resolution unanimously adopted by the Bay Area Metal Trades Council of the American Federation of Labour, in favour of "voluntary pre-employment serological tests" which are conducted by managements in cooperation with the health departments. The medical officers of the firms which adopt this practice will send the specimens to the San Francisco City and County Departments of Public Health and the results will be referred to the venereal diseases division of the local department of health. All the information thus obtained will be kept confidential, but those persons on whom tests have given positive results will, so far as is possible, be informed and persuaded to undergo treatment. On the other hand it is understood that the information shall not be used as a threat of dismissal from employment. The programme approved in this resolution is the result of cooperation between the California Social Hygiene Association, trade union officials and the venereal diseases division of the county and municipal health department.—*Journal of the American Medical Association*, June 1944.

## NOTES AND NEWS

### Venereal diseases and industry in the United States of America

According to Dr. R. A. Koch, head of the Division of Venereal Diseases, Department of Public Health, San Francisco, there are at present 3,200,000 cases of syphilis in the United States of America, or one in every forty-two persons. One of the most serious problems in combating venereal diseases is the identification of infected persons; the corollary to it is the difficulty of persuading these infected persons, when found, to submit to and persist in radical treatment. In a paper which he read to the Section of Dermatology and Syphilology of the California State Medical Association, in May 1943, the Surgeon General of the United States Public Health Service asked for the cooperation of industrial concerns in "case finding". He suggests a double approach, first by an educational programme and secondly by including blood tests in the routine examination of entrants.

Dr. Koch considers that the educational approach should precede and prepare for the serological survey. It should include the use of lectures, distribution of leaflets, display of placards and insertion of leaflets in pay envelopes. The public health authorities should assist industrial concerns and the cooperation of the trade unions—which has already been given in some instances—should be invited and encouraged. War conditions, which have restricted trade union activities, have made independent action by the unions more difficult. Therefore it is all the more necessary to get the union officials to support the managements in the introduction of blood tests. Difficult points arise in this respect, including the evergreen problem of the confidential nature of medical consultations. Many industrial concerns are not equipped to undertake serological investigations. Koch considers also the possibility of their being carried out under the aegis of the trade unions. The latter are inclined to object to blood tests by the industrial medical departments on the ground that a positive reaction will lead to refusal of employment. The difference between suffering from and being in the position to spread syphilis must be made clear to industrialists and trade unions, and the conditions in which continued employment of a worker who is under treatment is without danger must be made clear. In the opinion of Dr. Koch, it might be well for this part of medical examination on entry into employment (or in the course of employment) to be carried out by referring the worker for serological tests to a public health department. The employer would also be informed, in the case of neurosyphilis, for what kinds of employment the worker was still suitable. The responsibility for seeing that treatment was fully carried out would be shared by employers, trade unions and the health authority.—*Industrial Medicine*, April 1944.

### Venereal disease in the United States of America

Figures showing the relative incidence of venereal diseases in the United States of America in the six months from July to December 1943, have been compiled by the Public Health Services. These show an increase of 11 per cent in newly reported cases of gonorrhoea and a total of 158,000 new cases, with a decrease of 16 per cent (total 245,000) in new cases of syphilis. It is, however, pointed out that the reporting of cases is still incomplete. With regard to the importance of the disease as a cause of disability, the report states that the total of 861,000 cases of syphilis and gonorrhoea, taken together, represents a total disability rate which exceeds by 70 per cent that caused by the combined total of cases of diphtheria, malaria, meningitis, pneumonia, poliomyelitis, scarlet fever, smallpox, tuberculosis and typhoid, paratyphoid and typhus fevers. In the campaign against venereal disease, special attention has been given to the protection of workers in industry, but the cooperation of employers is still insufficient. There has been regrettably a widespread attempt at self-treatment by means of the sulphonamide drugs, which are obtainable without a doctor's prescription in many States, only sixteen of which have so far introduced any legislative control over the sale of sulphonamide preparations. The report mentions encouraging results obtained in the experimental treatment of both gonorrhoea and syphilis patients in "rapid treatment centres" and in hospitals.—*Journal of the American Medical Association*, 20th May 1944.

### Blood-dye diluents and gonococcus cultures

In 1942, Cox and McDermott proposed a new method of transmitting clinical material to a laboratory for gonococcus studies, in which the culture medium (proteose peptone 3-haemoglobin agar) was modified by the addition of yeast autolysate and crystal violet. Later Nile blue was used as an alternative dye. Sulkin and Willett report on experiments in the transportation of specimens of exudate, in which the material was either planted immediately or kept at room temperature and then planted from 24 to 96 hours after collection. They used both of the dyes and specimens from 286 patients, with control cultures made without delay, and conclude that delayed cultures are not satisfactory even with the use of a blood-dye diluent, because of the high incidence of negative cultures when planting is delayed for 24 hours or more.—*Venereal Diseases Information*, May 1944.

### Early syphilis in the United States Navy

Ekblad reports on observations of 2,326 early cases of primary and secondary syphilis of which records covering from 3 to 20 years were available, with an estimation of the results of treatment. The total number of cases he divides into two groups: (1) primary syphilis, sero-negative at first examination, 488 cases; (2) primary and secondary syphilis, sero-positive on first examination, 1,838 cases. The Kahn test is the only one mentioned. Treatment as recorded is classified as (1) continuous, (2) intermittent and (3) inadequate. The author's standard of adequate continuous treatment for early sero-negative primary syphilis is 25 injections of bismuth and 25 of

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an arsenical. He records a 100 per cent absence of serological relapse to a positive reaction in 133 such cases with adequate continuous treatment, but points out that in about 1 per cent of the number of cases there may nevertheless be evidence in the spinal fluid of syphilis. For sero-positive cases he recommends continuous treatment until a negative reaction is obtained and then a further 20 injections each of bismuth and of an arsenical. Bismuth can be used alone if the patient shows intolerance of arsenic, but although it can produce and maintain a negative serological reaction of the blood, it cannot be relied upon to do so.—*War Medicine*, April 1944.

### Reactions to sulphonamide compounds

Capt. T. F. Frost, of the Army of the United States, suggests the following precautions in the prevention of serious reactions to the sulphonamides. (1) The patient should be observed at least every other day and a watch be kept for the occurrence of rash, conjunctivitis, jaundice, diarrhoea, arthritis, drug fever and "chills". (2) A urine analysis should be made every third day in order to detect the presence of erythrocytes. (3) Fluid intake and excretion must be adequate. (4) With each dose of the sulphonamide sodium bicarbonate should be administered. (5) If a patient has ever previously had a toxic reaction to a sulphonamide, a test dose of 0.3 gramme should be given and the reaction noted.—*War Medicine*, March 1944.

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## EDITORIAL NOTES

The Editors beg to acknowledge with thanks the receipt of the following periodicals, etc.

*American Journal of the Medical Sciences*

*American Journal of Syphilis*

*British Journal of Dermatology*

*British Journal of Urology*

*British Medical Journal*

*Indian Journal of Venereal Diseases*

*Indian Medical Gazette*

*Journal of the Cape Town Post-Graduate Medical Association*

*Journal of Experimental Medicine*

*Medicina Espanola*

*New England Journal of Medicine*

*Revista de medicina Tropical y Parasitologia Bacteriologia clinica y Laboratio*

*Revista de Sanidad y Asistencia Social*

*Revista del Instituto de Salubridad y enfermedades tropicales*

*Revista médica de Chile*

*Revista médica de Yucatan*

*South African Journal of Medical Sciences*

*Urologic and Cutaneous Review*

*Venereal Disease Information*